

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

United Surgical Partners International, Inc. Political Action Committee

ADDRESS (number and street)

15305 Dallas Parkway, Suite 1600

☐Check if different  
than previously  
reported. (ACC)

Addison

TX

75001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00402073

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☒July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2008

through

06

30

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

John Wellik

Signature of Treasurer

Electronically Filed by John Wellik

Date

07

15

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		101575.12
(b) Cash on Hand at Beginning of Reporting Period .....	91140.12	
(c) Total Receipts (from Line 19) .....	24887.00	27902.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	116027.12	129477.12
7. Total Disbursements (from Line 31) .....	13750.00	27200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	102277.12	102277.12
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

United Surgical Partners International, Inc. Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24075.00	26645.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	812.00	1257.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	24887.00	27902.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	24887.00	27902.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24887.00	27902.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24887.00	27902.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	13500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	9450.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	9450.00
29. Other Disbursements.....	2750.00	4250.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	13750.00	27200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13750.00	27200.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24887.00	27902.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	9450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24887.00	18452.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Alaniz, Md

Mailing Address 17070 Red Oak Drive, Suite 305

City State Zip Code  
Houston TX 77090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOPS

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C352

Amount of Each Receipt this Period

625.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Carl Battaglia

Mailing Address 9603 Stonebridge Lake Dr

City State Zip Code  
Tomball TX 77375-3276

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOPS

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C373

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jason Beam

Mailing Address 1134 Olmstead Dr

City State Zip Code  
Murfreesboro TN 37128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Surgical

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C344

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

975.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Randolf Birken

Mailing Address 17070 Red Oak Dr Ste 210A

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation

Medical doctor

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C376

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Kristin Blewett

Mailing Address 5430 Vanderbilt Ave.

City

Dallas

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Dir, Org. Dev.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80711.C367

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Lee C. Bloemendal, MD

Mailing Address 1325 Pennsylvania Avenue, #720

City

Fort Worth

State

TX

Zip Code

76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation

MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C327

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Bollinger

Mailing Address 4401 Ridgehaven Rd

City

Fort Worth

State

TX

Zip Code

76116-7313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ft. Worth Hospital

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C318

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Jonathan Bond

Mailing Address 3515 Wentwood Dr

City

Dallas

State

TX

Zip Code

75225-5012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C372

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Dale Bowman

Mailing Address 21069 Susan Carole

City

Santa Clarita

State

CA

Zip Code

91350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C358

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1950.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Brooks, MD

Mailing Address 6620 Pine Valley Place

City

Fort Worth

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C345

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Ajai Cadambi, MD

Mailing Address 8350 Deerwood Forest Dr

City

Fort Worth

State

TX

Zip Code

76126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C351

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Jason Cagle

Mailing Address 111 Turner

City

Dallas

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
VP, Legal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C334

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 32

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Campbell

Mailing Address 10522 Silverrock Dr

City

Dallas

State

TX

Zip Code

75218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United SurgicalOccupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	3	/	2	0	0	8

Transaction ID: 80711.C370

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Thomas Cartwright

Mailing Address 17270 Red Oak Dr Ste 200

City

Houston

State

TX

Zip Code

77090-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPSOccupation  
Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	8

Transaction ID: 80711.C379

Amount of Each Receipt this Period

625.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Michael Chaney

Mailing Address 17070 Red Oak Dr Ste 307

City

Houston

State

TX

Zip Code

77090-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPSOccupation  
Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	6	/	2	0	0	8

Transaction ID: 80711.C374

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

1625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lincoln F Chin, Md

Mailing Address 1350 S Main Street #4500

City

Fort Worth

State

TX

Zip Code

76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C333

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Krishnababu Chunduri, MD

Mailing Address 3500 Windsor Court

City

Colleyville

State

TX

Zip Code

76034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C332

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

William Coleman, MD

Mailing Address 3916 Stonehenge Rd

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C326

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Travis Crenshaw

Mailing Address 6106 Grantham Dr

City

Rockwall

State

TX

Zip Code

75087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80711.C368

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Theodore W Crofford, MD

Mailing Address 750 8th avenue #400

City

Fort Worth

State

TX

Zip Code

76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C360

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Vinay Dalal, M.D.

Mailing Address 1804 Kerr Court

City

Keller

State

TX

Zip Code

76248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C313

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Teresa R Danna

Mailing Address 17506 Oxhill Court

City

Spring

State

TX

Zip Code

77388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80711.C369

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Peter Dawson

Mailing Address 506 Saddlewood Ln

City

Houston

State

TX

Zip Code

77024-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation

Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C381

Amount of Each Receipt this Period

125.00

Receipt

C.

Full Name (Last, First, Middle Initial)

H. Anderson Dollahite, MD

Mailing Address 1401 8th Ave.

City

Fort Worth

State

TX

Zip Code

76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ft. Worth Hospital

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C316

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

575.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Draves

Mailing Address 580 Miles Lane

City

Berea

State

OH

Zip Code

44017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C343

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Carolyn Exley

Mailing Address 15503 Trails End Circle

City

Dallas

State

TX

Zip Code

75248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C337

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Raymond Faies, MD

Mailing Address 5832 Forest Bend Place

City

Fort Worth

State

TX

Zip Code

76112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C321

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott B Farrar, DO

Mailing Address 6358 Lansdale Road

City

Fort Worth

State

TX

Zip Code

76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
D.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C320

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Pamela Finlay

Mailing Address 1401 Hillside Pl

City

Las Vegas

State

NV

Zip Code

89104-1844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C338

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ray Fitzgerald

Mailing Address 15402 Brandonwood Pl

City

Houston

State

TX

Zip Code

77069-1540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C378

Amount of Each Receipt this Period

625.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gale Gonzalez

Mailing Address 4401 Seedling Lane  
Apt. 207E

City State Zip Code  
Mesquite TX 75150

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
United Surgical

Occupation  
Dir. of Process

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C363

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Travis Hanson

Mailing Address 17270 Red Oak St. 220

City State Zip Code  
Houston TX 77090

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOPS

Occupation  
Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C382

Amount of Each Receipt this Period

350.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Vernon J Hayes, DO

Mailing Address 6409 Cahoba Dr

City State Zip Code  
Fort Worth TX 76135

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
D.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C325

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wayne Hey

Mailing Address 1101 University Dr

City

Fort Worth

State

TX

Zip Code

76107-3012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ft. Worth Hospital

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C315

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Luke Johnson

Mailing Address 8560 Whites Pond Way

City

Knoxville

State

TN

Zip Code

37923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OrthoLink Physicians Corp.

Occupation  
Chief Operations Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C371

Amount of Each Receipt this Period

1500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Andrew Kant, MD

Mailing Address 17270 Red Oak Drive  
Suite 200

City

Houston

State

TX

Zip Code

77090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C380

Amount of Each Receipt this Period

625.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

2325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Suzanne Kent

Mailing Address 6358 Lansdale

City

Fort Worth

State

TX

Zip Code

76116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ft. Worth Hospital

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C319

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Michael Korenman, MD

Mailing Address 3825 Lands End Street

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation

MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C323

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Robert Lerma

Mailing Address 20503 pioneer Bent Ct

City

Katy

State

TX

Zip Code

77450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C364

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tony Martin

Mailing Address 1118 Stratford Drive

City

Richardson

State

TX

Zip Code

75080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 0 8

Transaction ID: 80711.C365

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Emily B McLaughlin, MD

Mailing Address 800 12th Avenue #100

City

Fort Worth

State

TX

Zip Code

76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C331

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

D. McLeod

Mailing Address 3805 Shadycreek Dr N.

City

Arlington

State

TX

Zip Code

76013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C348

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

950.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Diane Meeks

Mailing Address 6814 Longmeadow Dr

City

Sachse

State

TX

Zip Code

75048-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Garland

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C339

Amount of Each Receipt this Period

250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Evie Miller

Mailing Address 14584 Whiteman Ct.

City

Addison

State

TX

Zip Code

75001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Development

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C349

Amount of Each Receipt this Period

750.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Joseph Milne, MD

Mailing Address 935 W. Rosendale St. Suite 201

City

Fort Worth

State

TX

Zip Code

76104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation

MD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C324

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 32

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kelly Moore

Mailing Address 1305 Wildflower Lane

City

Flower Mound

State

TX

Zip Code

75028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Dir., Acctng and Fac.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C361

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Tim NevLud

Mailing Address 9114 Santown Lane

City

Houston

State

TX

Zip Code

77064-2632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C359

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

James L. Norman, MD

Mailing Address 3817 Potomac

City

Fort Worth

State

TX

Zip Code

76107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation

MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C330

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Angelo L. Otero, M.D.

Mailing Address 6224 Indian Creek

City

Fort Worth

State

TX

Zip Code

76107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C317

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

C. Martin Persons, MD

Mailing Address 8849 Random Rd

City

Ft. Worth

State

TX

Zip Code

76279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ft. Worth Hospital

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C314

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Stephen Rose

Mailing Address 5330 Val Verde St.

City

Houston

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation  
Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C353

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alan Rosen

Mailing Address 17270 Red Oak Dr Ste 200  
Ste. 200

City State Zip Code  
Houston TX 77090-2632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
TOPS

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C355

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Richard Schuster, MD

Mailing Address 1200 Mistletoe Dr

City State Zip Code  
Fort Worth TX 76110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C336

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

CE Singleton, DPM

Mailing Address 8701 Eagle View Ct.

City State Zip Code  
Fort Worth TX 76179

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
DPM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C322

Amount of Each Receipt this Period

200.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marcus Steen

Mailing Address 7845 E Ocotillo Rd

City

Scottsdale

State

AZ

Zip Code

85250-4745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Director of Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C384

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Steven Stern

Mailing Address 17070 Red Oak Dr Ste 201C

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation

Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 0 8

Transaction ID: 80711.C375

Amount of Each Receipt this Period

250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Phillip Sutton

Mailing Address 17203 Red Oak Dr.  
Ste. 203

City

Houston

State

TX

Zip Code

77090-1062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOPS

Occupation

Medical doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C354

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Wellik

Mailing Address 4418 Goodfellow Drive

City

Dallas

State

TX

Zip Code

75229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Sr. VP, Acctng and Admin.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C350

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Dan West

Mailing Address 308 Orpha Drive

City

Smyrna

State

TN

Zip Code

37167

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C357

Amount of Each Receipt this Period

500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Ginger White

Mailing Address 636 Hanby Lane

City

Rockwall

State

TX

Zip Code

75032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C342

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bobby Wroten, MD

Mailing Address 3932 Overton Park East

City

Fort Worth

State

TX

Zip Code

76109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C329

Amount of Each Receipt this Period

200.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Mark Wylie, MD

Mailing Address 6913 Jazeltine

City

Fort Worth

State

TX

Zip Code

76132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Worth Surgicare Part-  
ners

Occupation  
MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 1 / 2 0 0 8

Transaction ID: 80711.C328

Amount of Each Receipt this Period

200.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Michael Yeary

Mailing Address 3050 Post Oak Ste 620

City

Houston

State

TX

Zip Code

77056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 3 / 2 0 0 8

Transaction ID: 80711.C362

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 32

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Zarin

Mailing Address 17070 Red Oak Dr Ste 205

City

Houston

State

TX

Zip Code

77090-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 8

Transaction ID: 80711.C356

Amount of Each Receipt this Period

500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Faris Zureikat

Mailing Address 2721 Prestondale Dr

City

Hurst

State

TX

Zip Code

76054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Surgical

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 8

Transaction ID: 80711.C341

Amount of Each Receipt this Period

250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

24075.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Burgess for Congress

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MICHAEL C BURGESS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: 80711.E135

Date of Disbursement

05 / 16 / 2008

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

Congressman Joe Barton Committee

Mailing Address PO Box 1444

City  
Ennis

State  
TX

Zip Code  
75120-1444

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOE LINUS BARTON

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 06

Transaction ID: 80711.E136

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Pete Sessions for Congress

Mailing Address PO Box 38585

City  
Dallas

State  
TX

Zip Code  
75238-

Purpose of Disbursement  
POLITICAL CONTRIBUTIONS

Candidate Name  
PETE SESSIONS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: 80711.E130

Date of Disbursement

04 / 23 / 2008

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTIONS

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 32

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kagen 4 Congress

Mailing Address 100 W. College Ave. Ste 50 D

City  
Appleton

State  
WI

Zip Code  
54911-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
STEVEN L KAGEN

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 08

Transaction ID: 80711.E129

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

POLITICAL CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

Mike Ross for Congress Committee

Mailing Address PO Box 360

City  
Prescott

State  
AR

Zip Code  
71857-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
MICHAEL AVERY ROSS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 80711.E131

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

John Salazar for Congress

Mailing Address PO Box 534

City  
Pueblo

State  
CO

Zip Code  
81002-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
JOHN T SALAZAR

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: 80711.E132

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

POLITICAL CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 32

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez Congressional

Mailing Address PO Box 12612

City State Zip Code  
San Antonio TX 78212-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
CHARLES A GONZALEZ

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 20

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80711.E133

Date of Disbursement

/   /

Amount of Each Disbursement this Period

POLITICAL CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
Eddie Bernice Johnson for Congress

Mailing Address 3102 Maple Avenue Suite 605

City State Zip Code  
Dallas TX 75201-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
EDDIE BERNICE JOHNSON

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 30

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** 80711.E137

Date of Disbursement

/   /

Amount of Each Disbursement this Period

POLITICAL CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Common Sense Common Solutions

Mailing Address 1155 21st Street NW  
Suite 300

City State Zip Code  
Washington DC 20036-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80711.E128

Date of Disbursement

/   /

Amount of Each Disbursement this Period

POLITICAL CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 32

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Sam Johnson

Mailing Address 1611 K Ave

City  
Plano

State  
TX

Zip Code  
75074-6119

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name  
SAMUEL R JOHNSON

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 03

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 80711.E139

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

POLITICAL CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

11000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 32

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

United Surgical Partners International, Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Dewhurst Committee

Mailing Address PO Box 756

City  
Austin

State  
TX

Zip Code  
78767-

Purpose of Disbursement  
STATE DISBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80711.E134

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Senate Democratic Majority

Mailing Address 196 West State Street

City  
Trenton

State  
NJ

Zip Code  
08608-

Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80711.E127

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Senator Cafaro

Mailing Address 600 Warner Rd

City  
Hubbard

State  
OH

Zip Code  
44425-

Purpose of Disbursement  
STATE DONATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 80714.E140

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2750.00

**TOTAL** This Period (last page this line number only) .....

2750.00